



COP 2017 Approval Meeting Outbrief

South Africa

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

PEPFAR South Africa Stakeholder Engagement Calendar-COP17

Date	Activities
1 January	Shared widely draft COP17 Guidance for public comment
24 January	Embassy Charge d’Affaires meets with TAC leadership and Section 27
31 January	Health Partners Forum COP16 update and draft COP17 presentation and discussion; wide dissemination of presentation, posting to Embassy website
3 February	Meeting with PLHIV apex organizations (TAC, NAPWA, PWN, SANARELA)
7 February	Meeting with UN agencies
8 February	Meeting with SANAC CSF PLHIV Sector
13-28 February	Meeting with 1300 participants of >600 community organizations from 27 focus districts as part of Community Grants funding opportunity outreach
6 March	Meeting with TAC leadership; shared widely post DCMM out brief and inputs
13 March	Widely shared draft COP17 SDS submission for comments
16 March	Widely shared summary 59 inputs/questions from CS with PEPFAR agency responses
20 April	CS and external partners teleconference review of inputs to date and highlighting of any other issues
21 April	GoSA and USG Partnership Framework Steering Committee COP17 endorsement
24-26 April	Six SANAC CSF representatives and other external partners at COP17 review and approval

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What we liked

- Engagement was better
- Responsiveness to concerns-feedback
- Transparency about the challenges from the data
- More slots for CSO participation in the reviews
- PEPFAR investment in better data systems

Key Concerns

- Better inclusion in consultations at provincial and district levels
- CHWs and lay workers (for PEPFAR to address)
 - Mapping of implementing partner community funded HR interventions by staff category, program area, job description, training, cost and salaries by implementing partner and IMPACT of this
 - TA to the govt CHW policy development on how to harmonise these different cadres over the medium-term to ensure sustainability and development of curricula for lay cadres
- Details of implementation “we will do A&B but what does that mean and how”
- Visible absence of NDoH and other depts in the reviews
- Funding to community based organisations

Improvement possibilities in the implementation

- Replication of interventions what's working in different districts
- Duplication – AVOID, be on a constant lookout
- Resources for consultations beyond national stakeholders
- Separate key pops interventions according to different needs and programs
- Do not co-mingle MSM with Transgender women
- Resources to be prioritized to new CBOs/implementers
- SEARCH



COP17 Overview

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Policy Updates

- September 2016: Launch of **Test and Treat**;
 - **Offer Same Day Same Site Initiation**
- National Adherence Guidelines implementation
 - **Adherence Clubs**
 - By end October 2016, 10,323 clubs in the 27 PEPFAR-supported districts
 - **Central Chronic Medicine Dispensing and Distribution Programme (CCMDD)** exceeding targets (910,000 PLHIV)
- March 2017: **Launch of National Strategic Plan 2017-2022**
 - Focused for impact in 27 districts
 - Focus on Adolescent Girls and Young Women (AGYW)

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Goals of the new National Strategic Plan 2017-2022

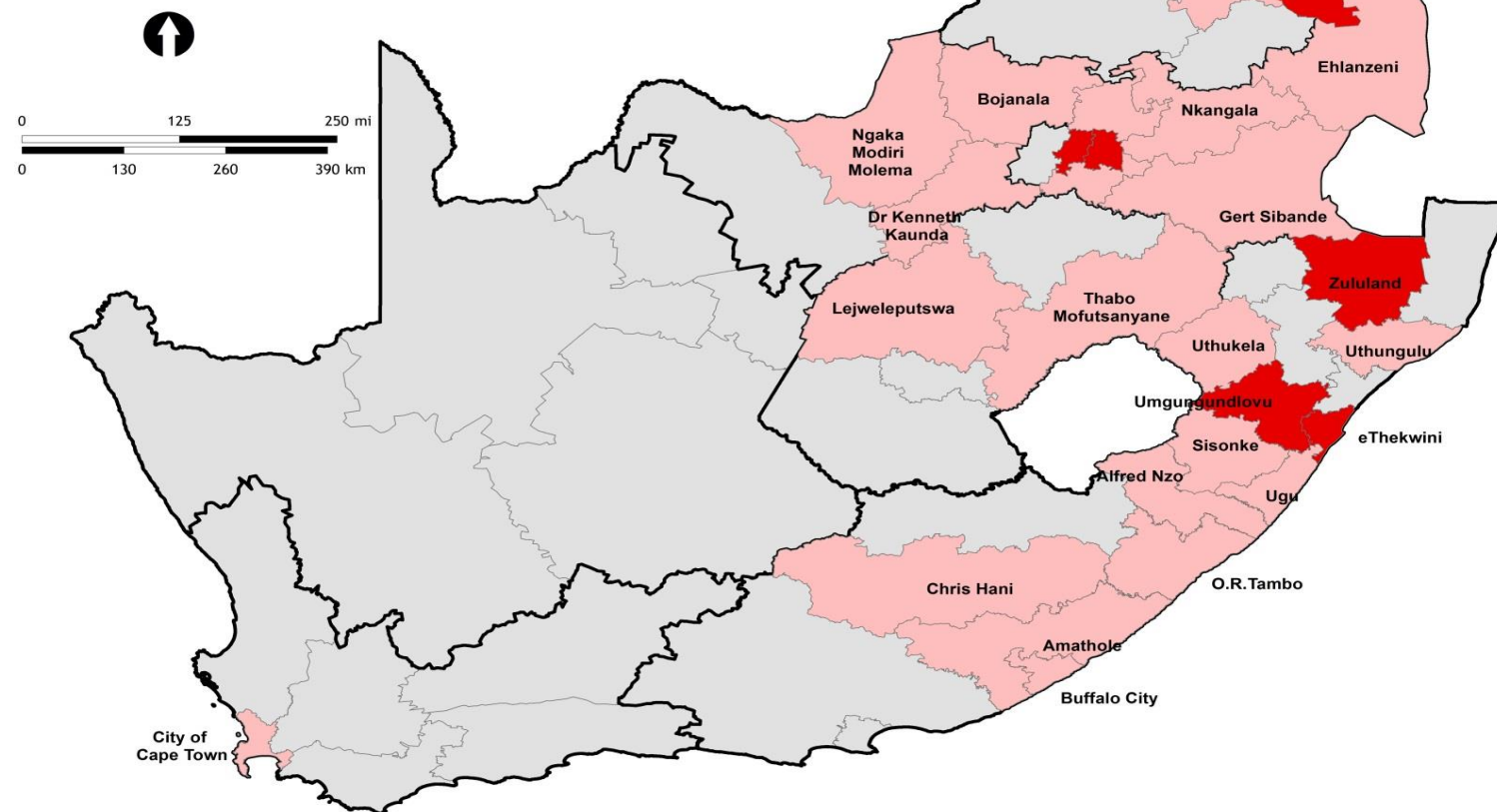
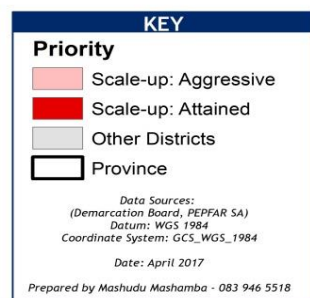
1. Accelerate **prevention** to reduce new HIV, TB and STI infections
2. Reduce morbidity and mortality by providing HIV, TB and STIs **treatment, care and adherence** support for all
3. Reach all **key and vulnerable populations** with customized and targeted interventions
4. Address the **social and structural drivers** of HIV, TB and STI infections
5. Ground the response to HIV, TB and STIs in **human rights** principles and approaches
6. Promote **leadership and shared accountability** for a sustainable response to HIV, TB and STIs
7. Mobilize **resources** to support the achievement of NSP goals and ensure a sustainable response
8. Strengthen **strategic information** to drive progress towards achievement of NSP goals

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COP17 Focus

- Layer and integrate **combination prevention interventions** to protect **AGYW and marginalized populations** in the highest-burden districts;
- Accelerate improvements in **linkage and adherence** to treatment;
- Expand **differentiated service delivery** across the HIV and TB cascade (e.g., Peer-led prevention and patient linkage, Index testing for HIV and TB case finding, Adherence Clubs); and
- Increasing condom use, VMMC, testing, and treatment for **men**.

Total Number of People Living with HIV (PLHIV)



province_district	PLHIV
gp City of Johannesburg Metropolitan Municipality	564,736
kz eThekweni Metropolitan Municipality	607,251
gp City of Tshwane Metropolitan Municipality	372,026
gp Ekurhuleni Metropolitan Municipality	404,750
kz uMgungundlovu District Municipality	179,539
kz Zululand District Municipality	141,756
lp Mopani District Municipality	106,116
wc City of Cape Town Metropolitan Municipality	308,407
mp Ehlanzeni District Municipality	299,725
nw Bojanala Platinum District Municipality	197,845
mp Nkangala District Municipality	178,097
mp Gert Sibande District Municipality	185,165
ec Oliver Tambo District Municipality	173,529
nw Ngaka Modiri Molema District Municipality	110,597
ec Amathole District Municipality	113,484
lp Capricorn District Municipality	122,526
kz Uthungulu District Municipality	160,091
ec Chris Hani District Municipality	101,129
kz Uthukela District Municipality	117,988
gp Sedibeng District Municipality	116,706
ec Buffalo City Metropolitan Municipality	96,011
ec Alfred Nzo District Municipality	101,878
nw Dr Kenneth Kaunda District Municipality	91,335
kz Ugu District Municipality	127,450
fs Thabo Mofutsanyane District Municipality	106,100
fs Lejweleputswa District Municipality	90,448
kz Harry Gwala District Municipality	81,397

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Impact over time: TX_NEW and TX_CURR Details

COP 17 Priority	COP 16 # of SNUs by district	TX_NEW: APR 2016 Achieveme nt	TX_CURR: APR16 Achievem ent	TX_NEW: Results to- date (SAPR)*	TX_CURR: Results to- date (SAPR)*	COP 17 # of SNUs by district	TX_NEW: COP 2017 Target (APR 2018)	TX_CURR: COP 2017 Target (APR 2018)	Net New: COP 2017
TOTAL	52	639,791	3,423,328	359,646	2,980,914	52	1,033,411	4,371,019	425,686
Attained						6	270,263	1,716,490	47,742
Saturation	4	201,062	953,646	134,835 (37%)	1,075,277 (68%)	21	762,338	2,645,939	378,760
Aggressive	23	345,735	1,762,117	224,811 (35%)	1,905,637 (77%)				
Sustained	9	79,897	443,846						
Centrally Supported	16	13,097	263,719			25	810	8,590	














*27 Priority Districts

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Top-line summary: Focus Districts (n=27)

***Duplicated values for FY17Q2**

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.

	Indicator code	FY17 Targets	Oct to Dec 2016	Jan to Mar 2017	FY17 Cumulative	% achieved towards	Status
Clinical cascade	HTC_TST	5,767,766	2,539,367	2,431,237	4,970,604	86%	
	HTC_POS	823,111	234,997	226,767	461,764	56%	
	TX_NEW	965,131	168,615	185,863	354,478	37%	
	TX_CURR	3,935,927	2,796,143	2,980,914	2,980,914	76%	
PMTCT	PMTCT_STAT	719,446	199,756	188,381	388,137	54%	
	PMTCT_ART	155,489	49,693	46,961	96,654	62%	
TB	TB_STAT	221,022	-	74,756	74,756	34%	
	TB_ART	121,810	-	49,484	49,484	41%	
Prevention	VMMC_CIRC	393,465	89,011	44,626	133,637	34%	
	KP_PREV	109,385	-	104,419	104,419	95%	
	PP_PREV	565,185	-	336,565	336,565	60%	
	PrEP_NEW	1,279	268	304	572	45%	
OVC	OVC_SERV	647,969	-	438,116	438,116	68%	

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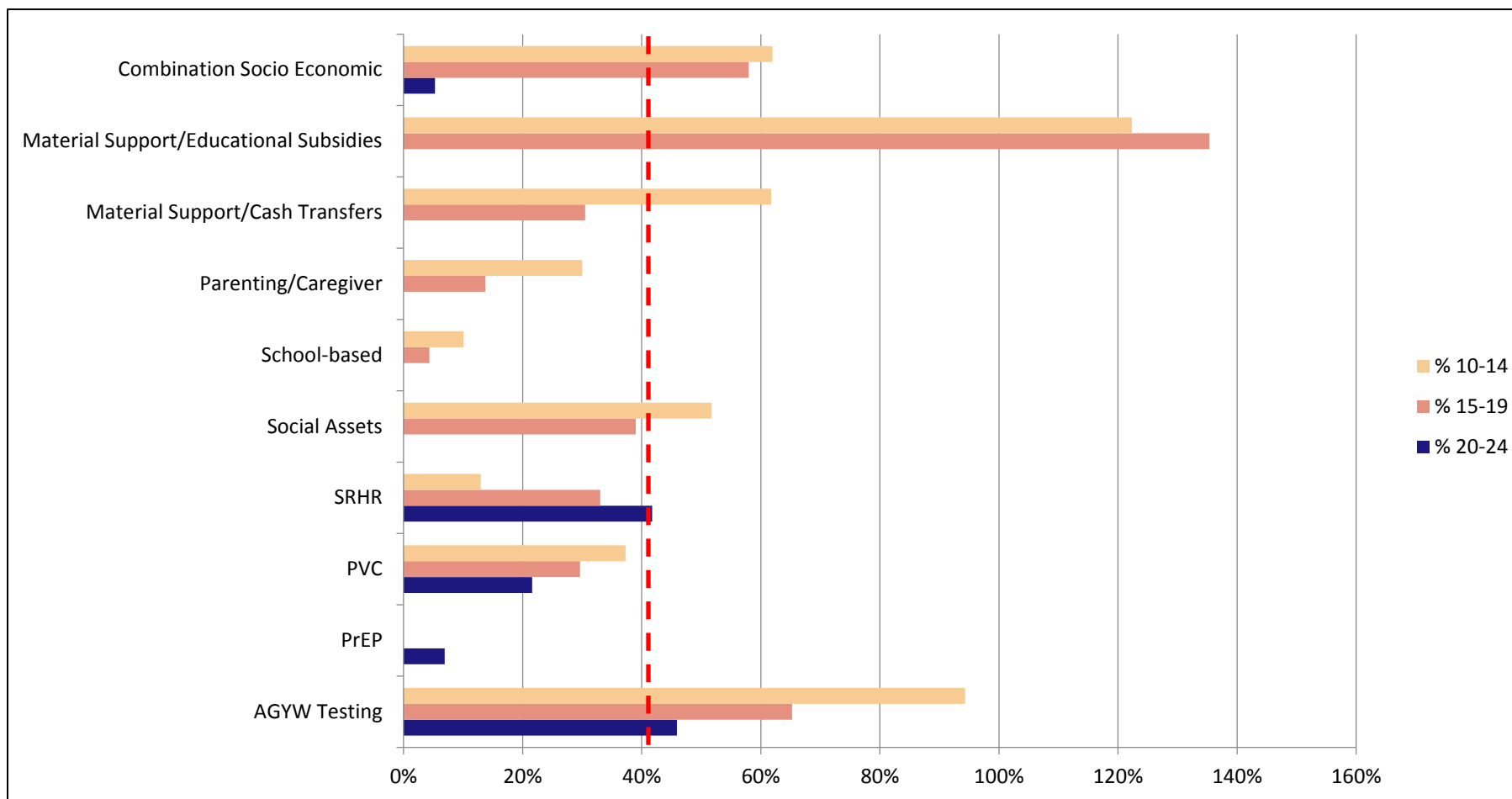


Top Line Program Summaries: DREAMS, OVC, and Key Populations

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Achievement (April 2016 – February 2017)


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--- 41.6% Threshold for 2-year Target

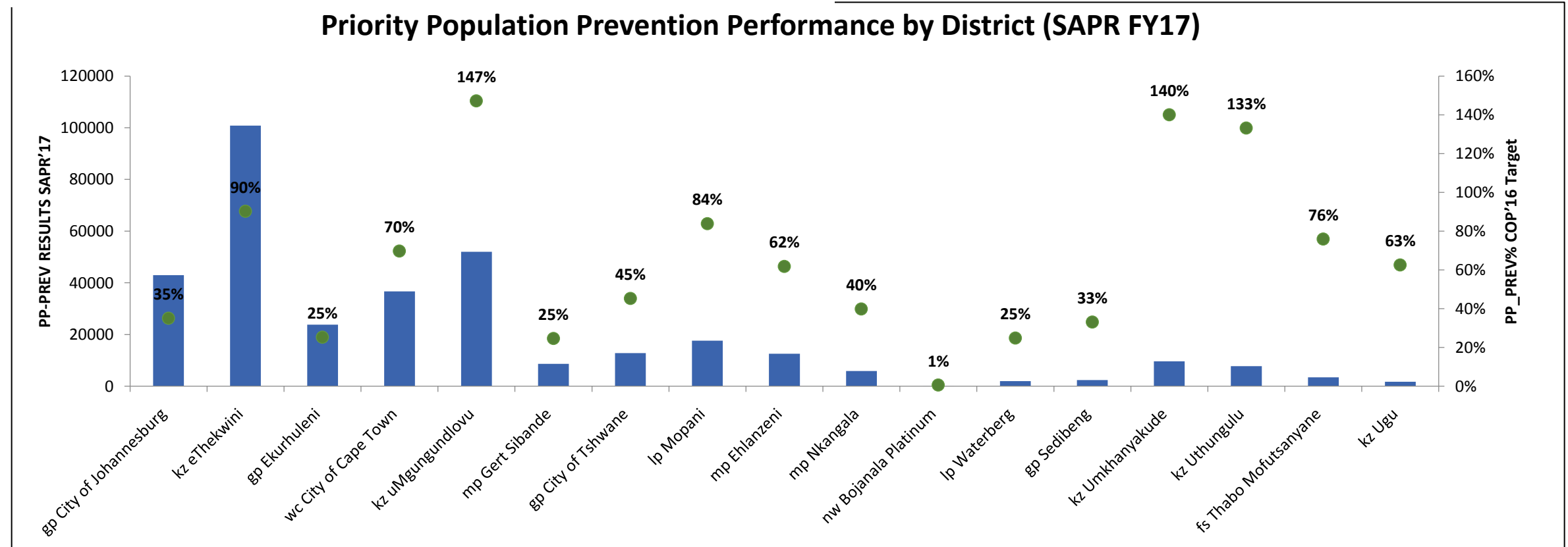
Priority Populations Prevention Performance (July-December 2016)

School-based and Community Mobilization Interventions

	TARGETS COP and DREAMS	Results	% of target achieved	Status
PP_PREV	580,081	340,878	59%	

Overall – 171,243 AGYW (10-24) – 50.2% of Achievement Attained – 130,346 AGYW – 76% of AGYW Reached

Priority Population Prevention Performance by District (SAPR FY17)



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Ranked by descending targets

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Utilizing OVC partners to improve HIV risk avoidance for 9-14 year olds

COP 2015: **81,079** children 10-14 served; **55%** were girls

HIV Prevention Education

VHUTSHILO 1

- Structured, 15 week curriculum-based skills building & risk reduction intervention
- Targets 10-13 yr olds
- Facilitates supportive behaviors, future orientation, & knowledge and attitudes about HIV/AIDS & sexual and relationship health.

Parenting Programs

Let's Talk

- Family strengthening & HIV prevention program that improves mental health and reduces HIV risk for children (13-19) & caregivers.
- Separate caregiver & adolescent sessions; plus 4 joint sessions

Family Matters

- Parent-focused intervention, promotes positive parenting & effective parent-child communication about sexuality and sexual risk reduction, including risk for child sexual abuse & GBV (9-12 year old); 6 weekly sessions + 7th session for family & community members of ALHIV

Education Support

- Monitoring of progression and retention
- Homework support; Mentoring of matriculants
- Material support (school uniforms, transport, etc.)
- Accredited lay counselling training & continuous mentoring for teachers

Case Management

- identification, assessment, monitoring

Girl Centered Approach

- Creating safe spaces
- Building social assets
- Developing safety plans
- Mentoring

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Utilizing OVC partners to Address Gender Based Violence



OVCY, their families and communities

- **Vhutshilo 2.2:** Evidence-based HIV Prevention Curriculum (includes GBV)
- **Thuthuzela Care Centres, Health Facilities:** increased PEP, referrals and linkages; entry point
- **National Schools Safety Framework & School Governing Bodies:** school safety hubs for children
- **Community** mobilization & norms change

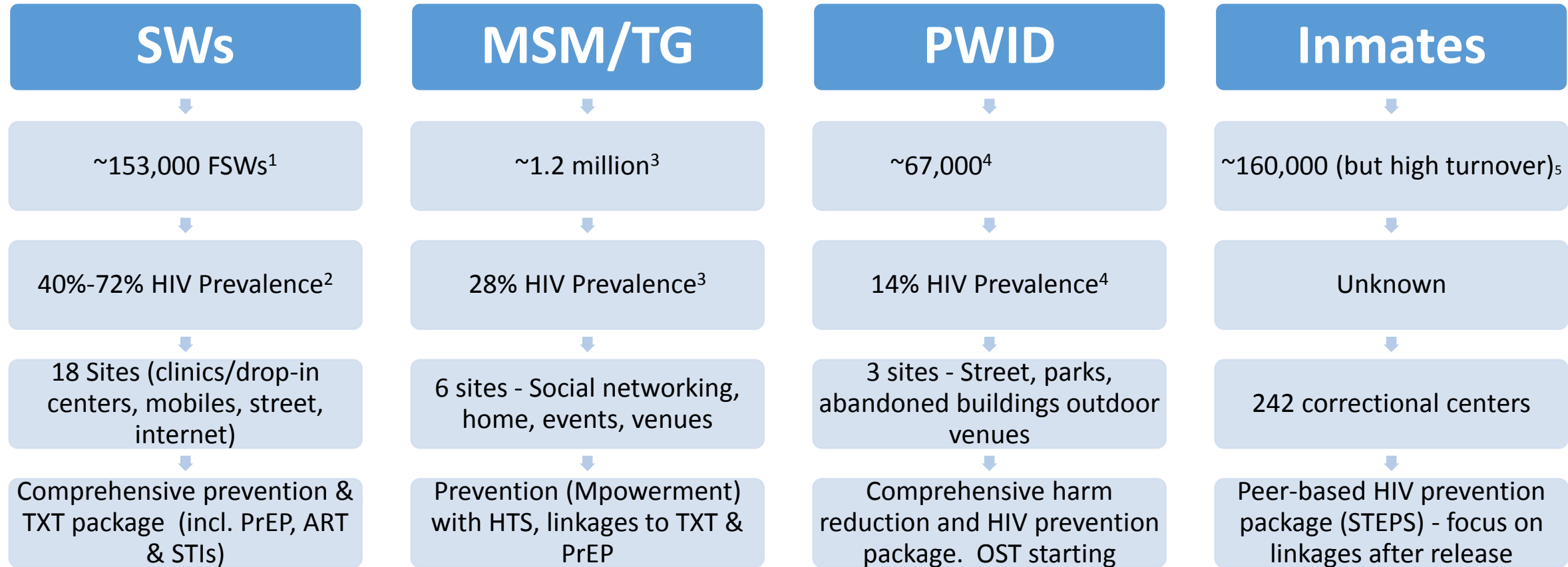
Community Caregivers, Child & Youth Care Workers, & Health Care Workers



- Child-Friendly Domestic & Sexual Violence Screening Tool
- GBV E-Learning Module for HCW- sensitized & appropriate care
- Supportive Referral Initiative- sensitized pre- and post-test HIV counselling training/increased referrals and linkages
- Child Safeguarding Training
- Social Work Forensic Report Writing Training
- Therapeutic Program for Children Affected by Child Sexual Abuse (Manual for Social Worker Practitioners)
- Adverse Childhood Experiences (ACES) Screening Tool to design appropriate preventative interventions
- Integration of AYFS with GBV services

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Targeted interventions for KP: Summary



1 SWEAT. Estimating the size of the sex worker population, 2013

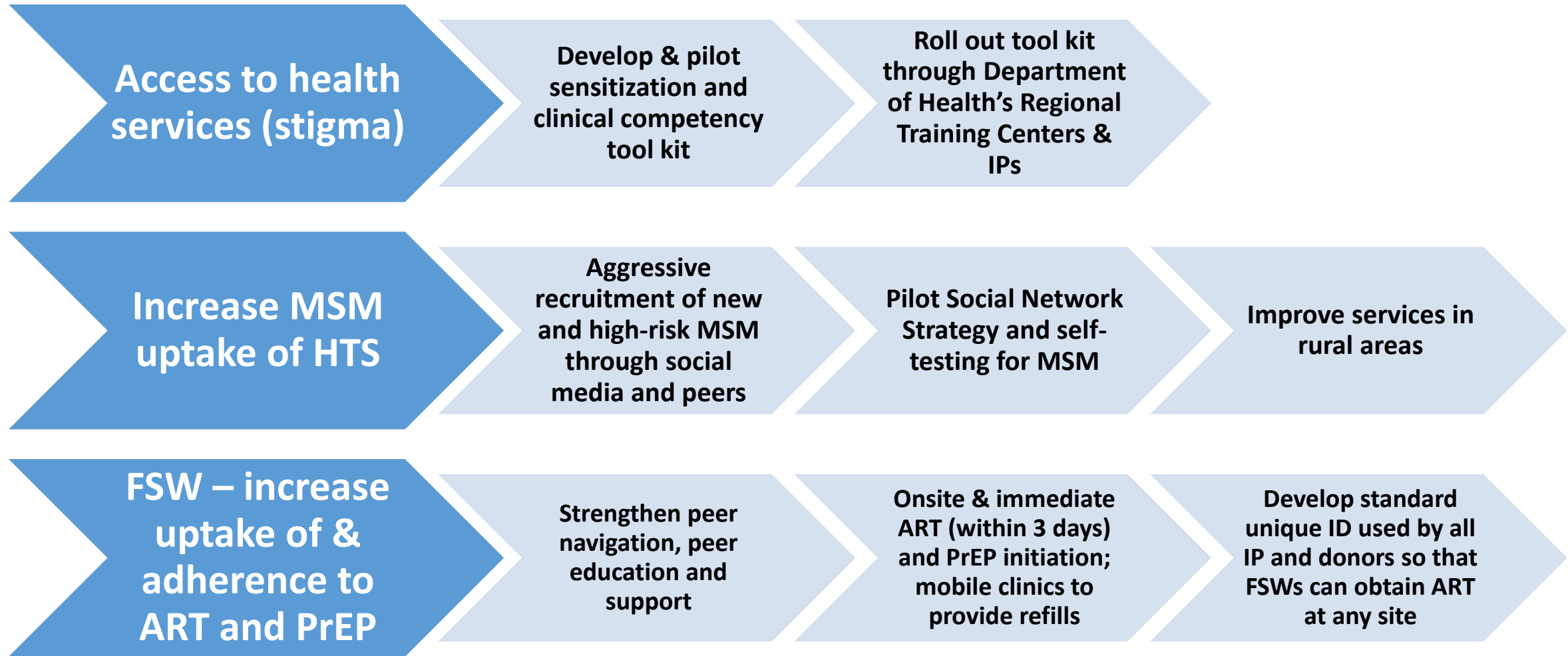
2 UCSF. South African Health Monitoring Survey, 2014

3 UCSF MSM Triangulation report, 2015

4 Scheibe et al. Rapid assessment of HIV prevalence and HIV related risks among people who inject drugs in five South African Cities, 2014

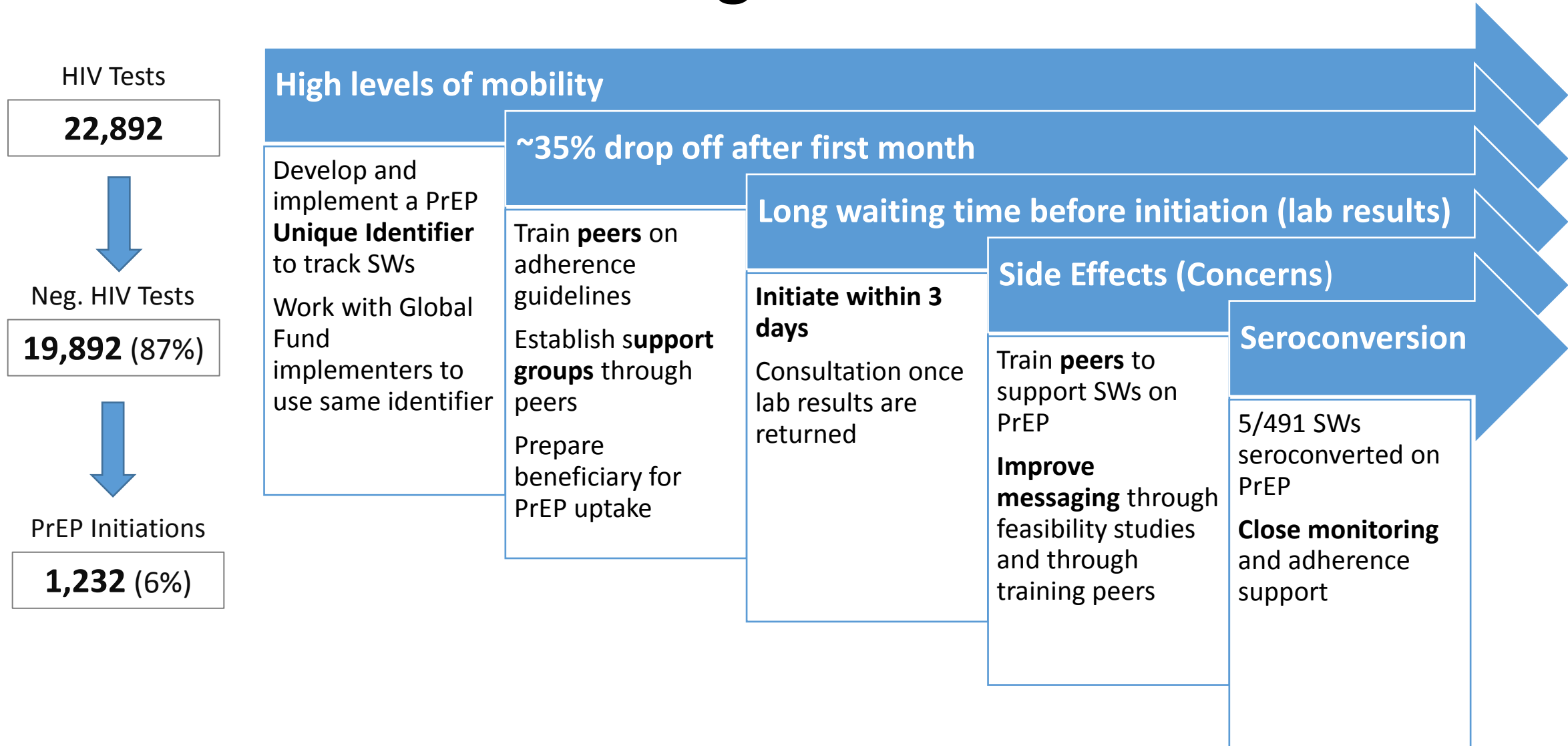
5 South Africa. Department of Correctional Services. Annual Report. 2015

Addressing Leakages in the KP Cascade



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PrEP for FSWs: Challenges and Successes





Program Deep Dive Summary: Initiating HIV+ People on Treatment

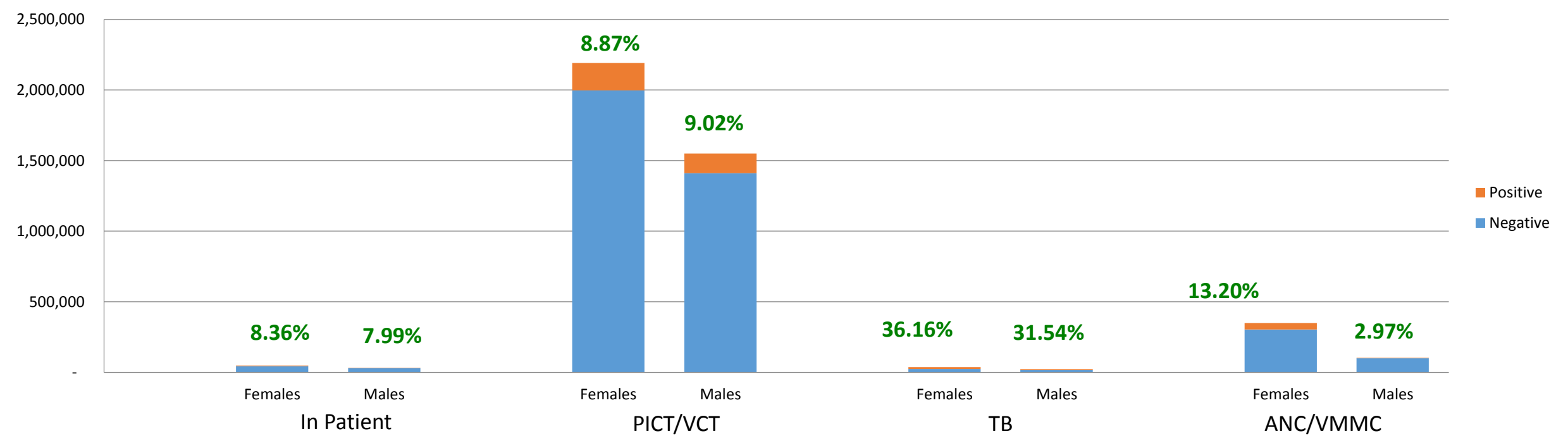
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COP 2017 Facility Modality Targets

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Entry Streams for ART Enrollment	Tested for HIV	Identified Positive	Newly initiated (90% Linkage)
Facility *	7,917,871	806,241	725,617
In Patient	269,873	22,588	20,329
PITC	7,436,052	736,584	662,926
TB	211,946	47,069	42,362

SAPR 2017 Facility Modality Results

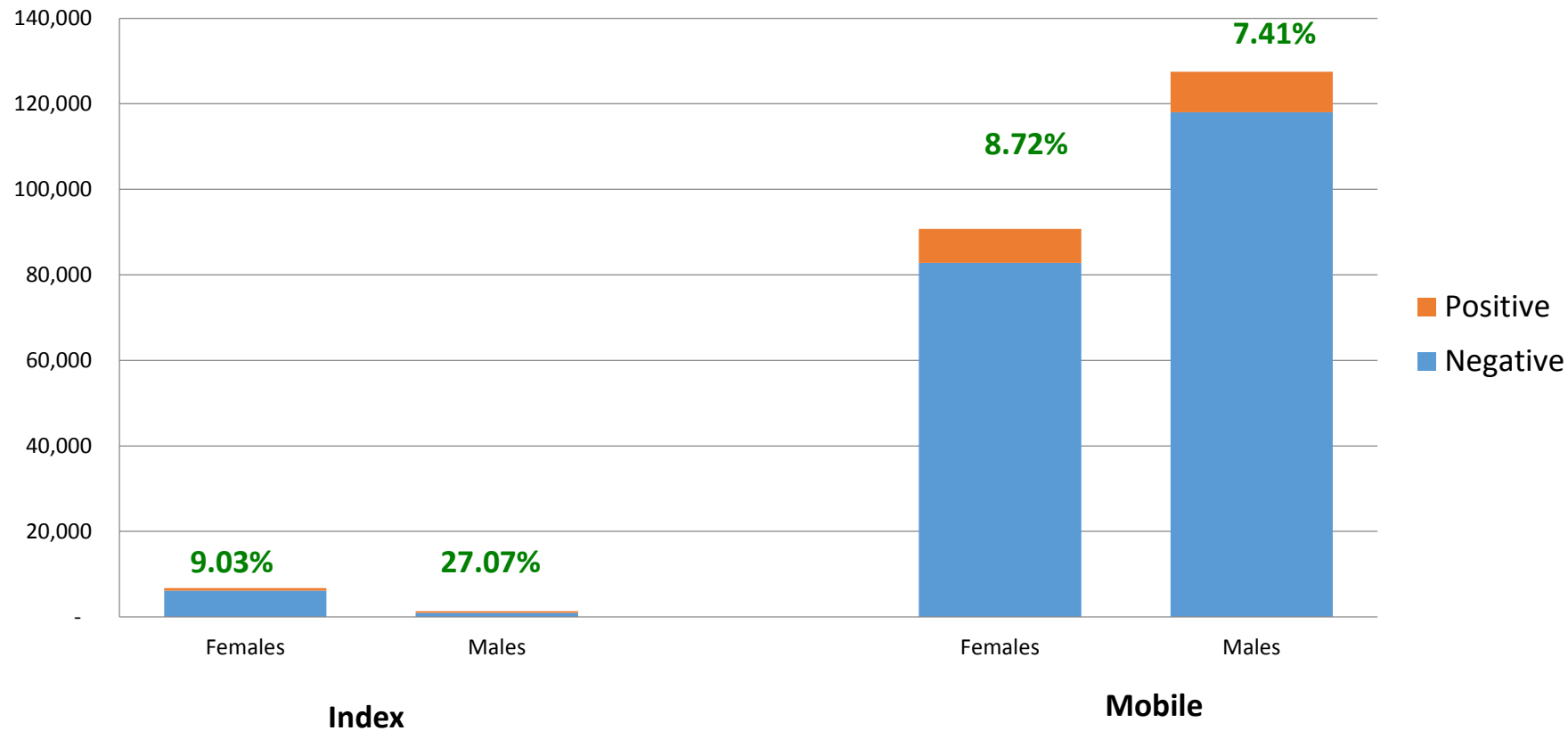


*Not comprehensive of all facility HTS entry streams

Innovative Shifts to Align & Maximize Interventions for Targeted Populations

SAPR 2017– DREAMS Districts Priority Age Bands:

Females: 15-24; Males: 20-49



Female (15-19): Mobile testing and testing at Adolescent friendly units

Female (20-25): Index testing - Test partners and children; Partner notification

Male (15-24): Mobile, social network/snowball

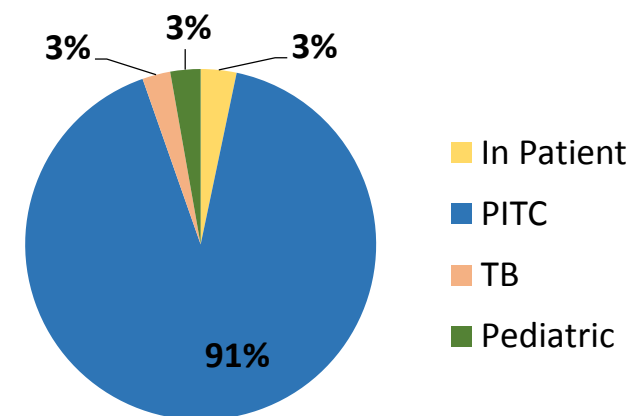
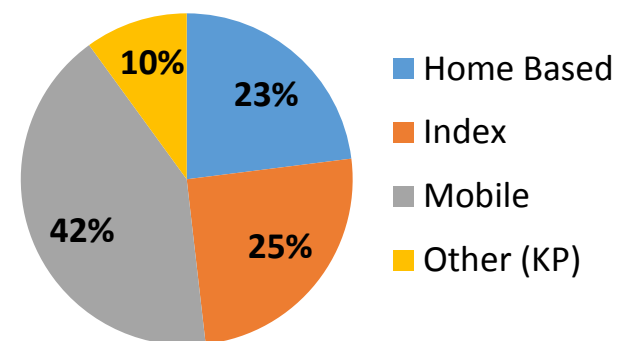
Male (25-35): Mobile - Work place and “Twilight testing” - Index testing and Patient notification

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COP 2017 Targets (HTS & TX_NEW)

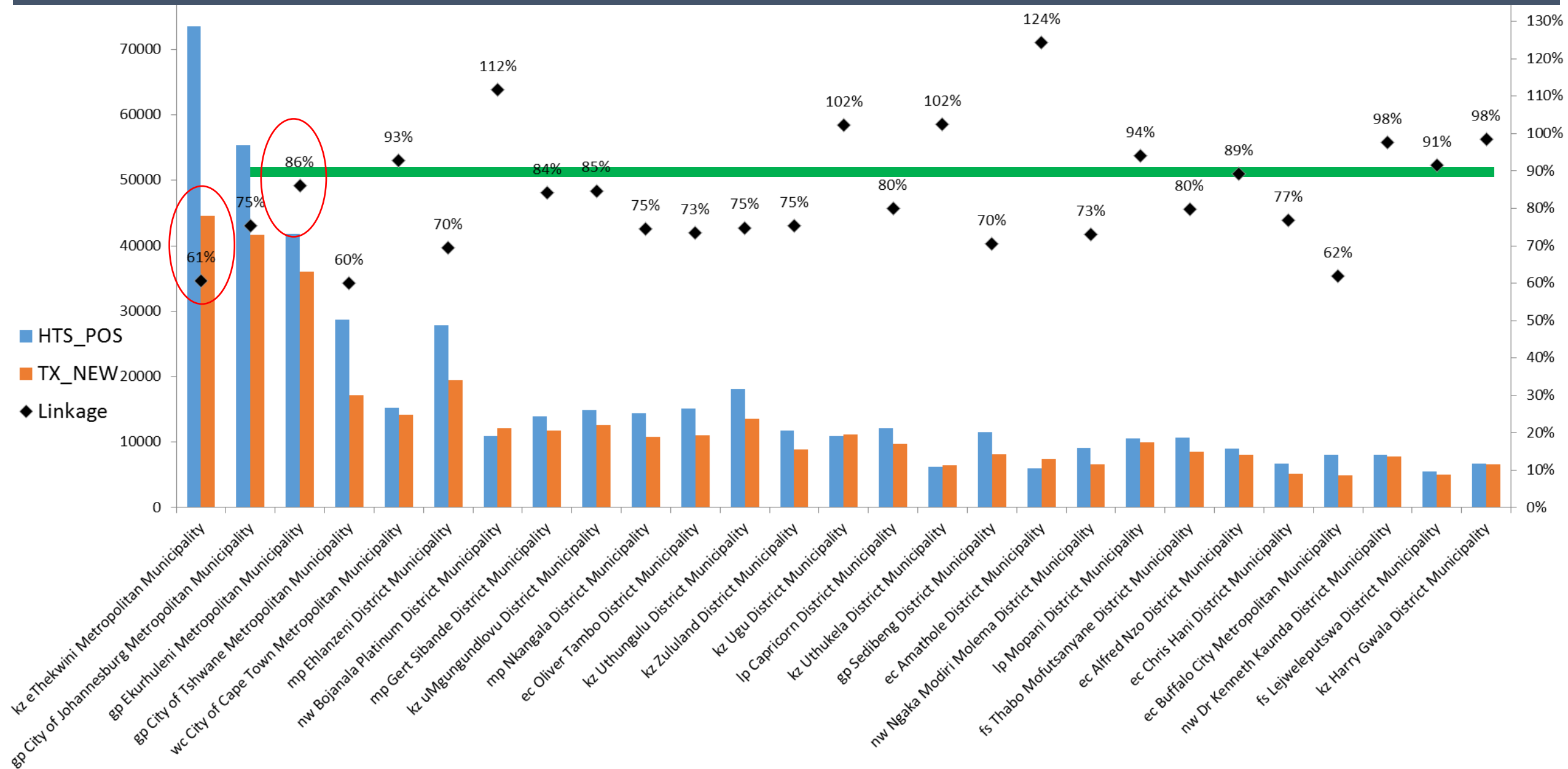
Entry Streams for ART Enrollment*	Tested for HIV	Identified Positive	Newly initiated (90% Linkage)
Community	1,915,892	166,819	150,137
Home Based	440,927	30,674	27,607
Index	482,093	36,770	33,093
Mobile	801,092	76,194	68,575
Other (KP)	191,780	23,181	20,863
Facility	8,189,983	820,197	738,177
In Patient	269,873	22,588	20,329
PITC	7,480,240	741,065	666,959
TB	211,946	47,069	42,362
Pediatric	227,924	9,475	8,528
Total	10,105,875	987,016	888,314



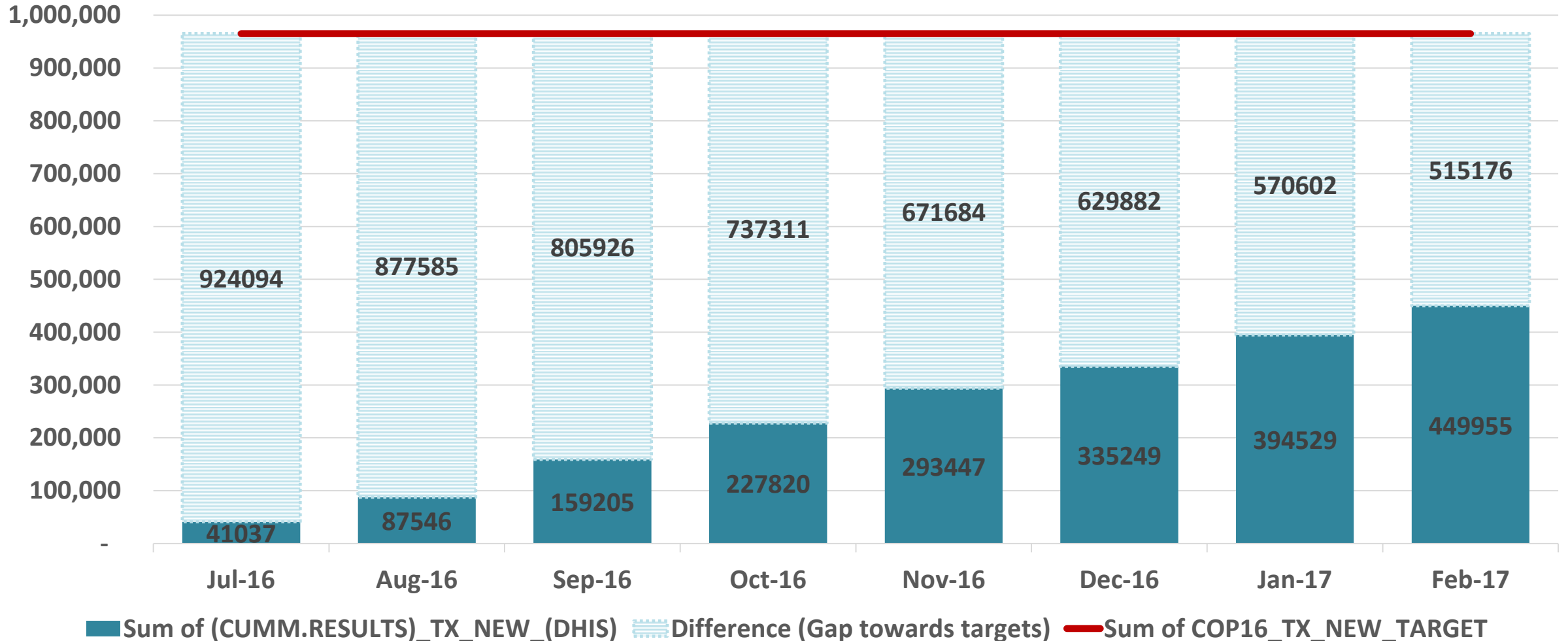
*Not comprehensive of all HTS entry streams

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HIV Case Finding and Linkage to Treatment

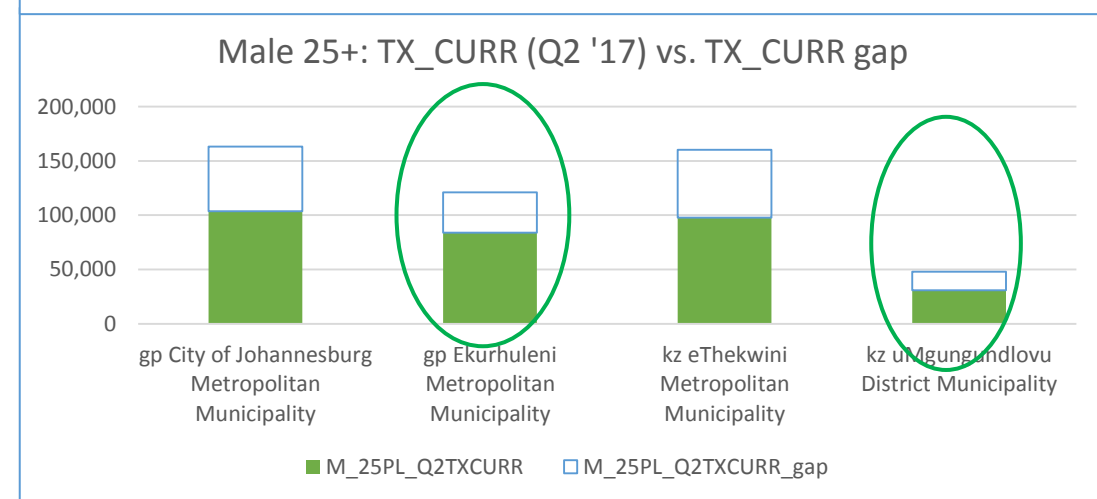
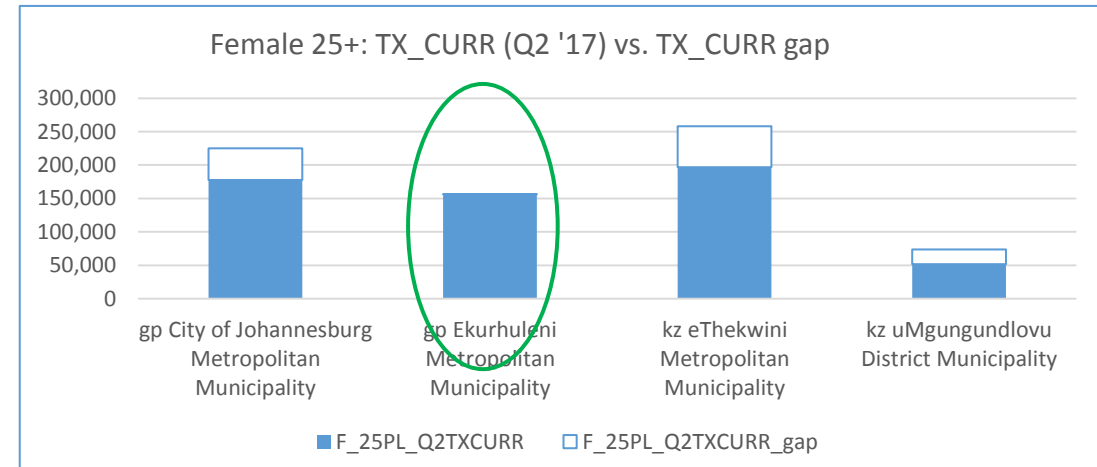
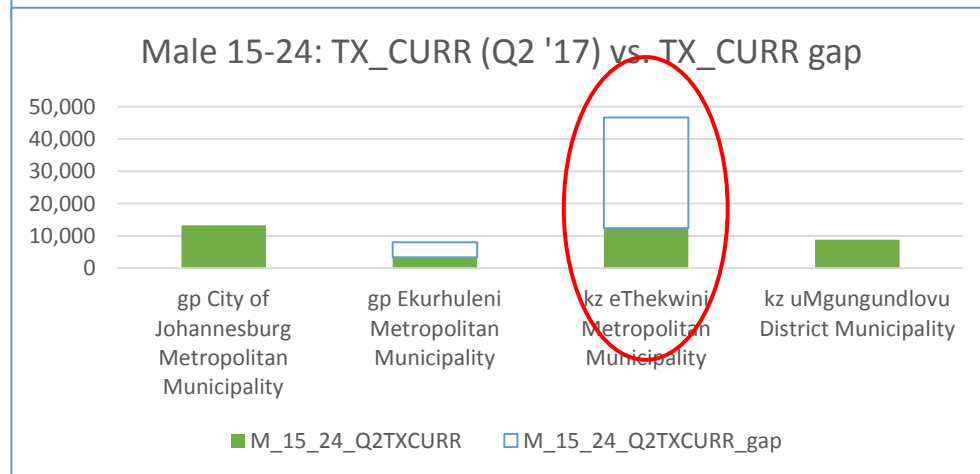
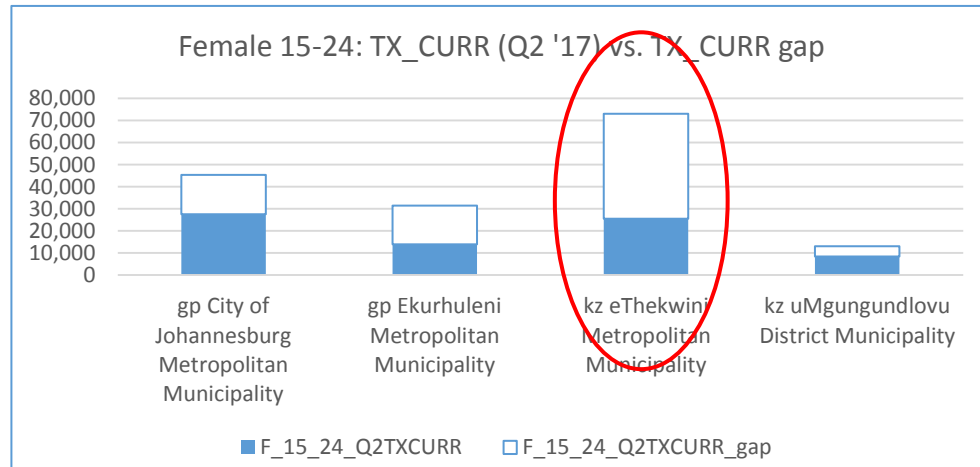


TX_NEW Target (PEPFAR) vs. TX_NEW Result (DHIS): July '16-February'17



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Females TX_CURR coverage (Q2 '17) and remaining gap to COP17 target by age, sex band



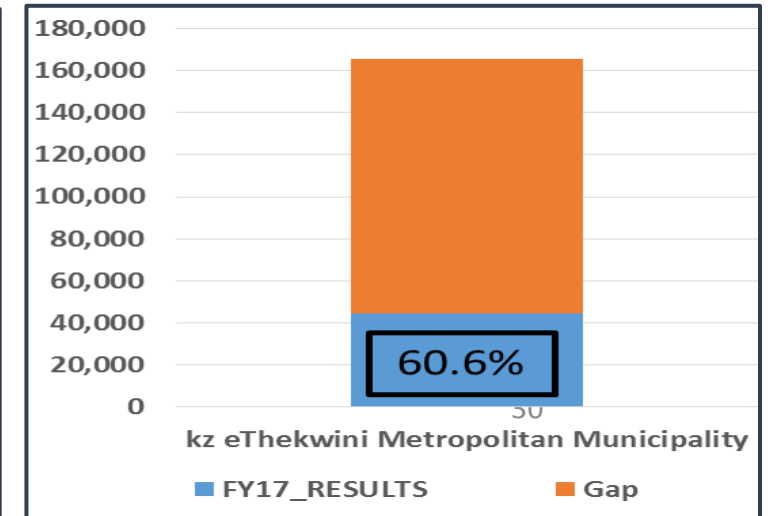
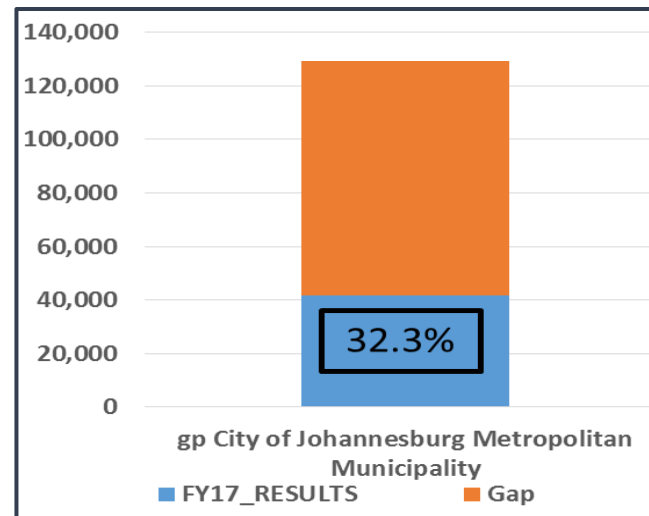
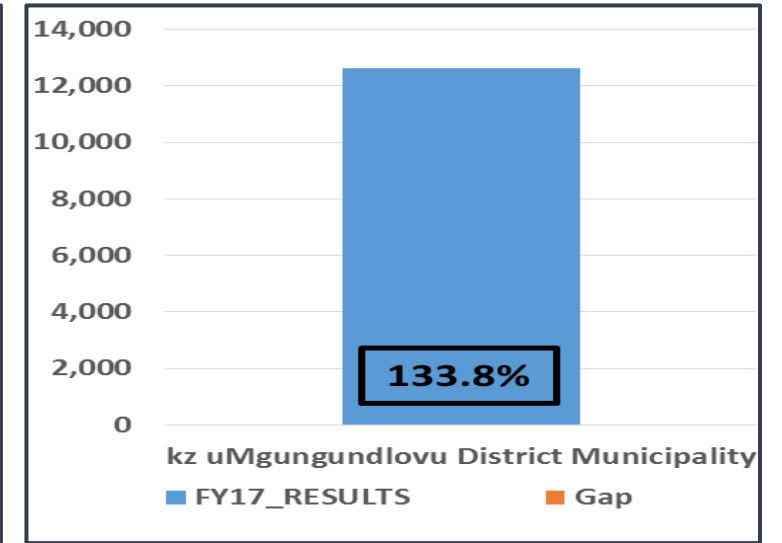
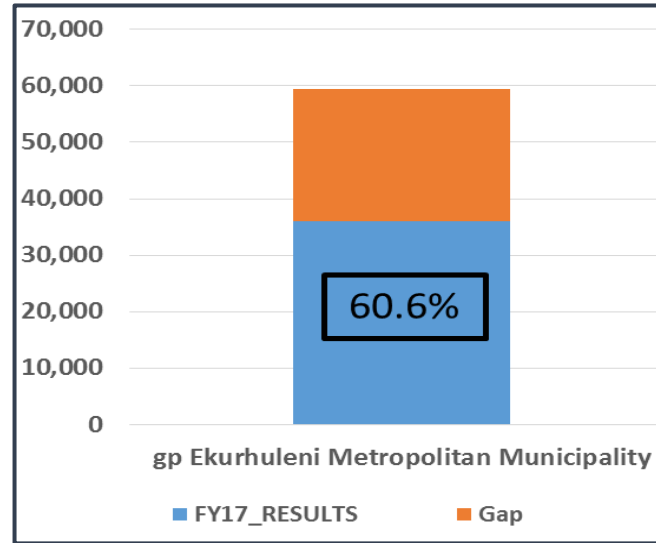
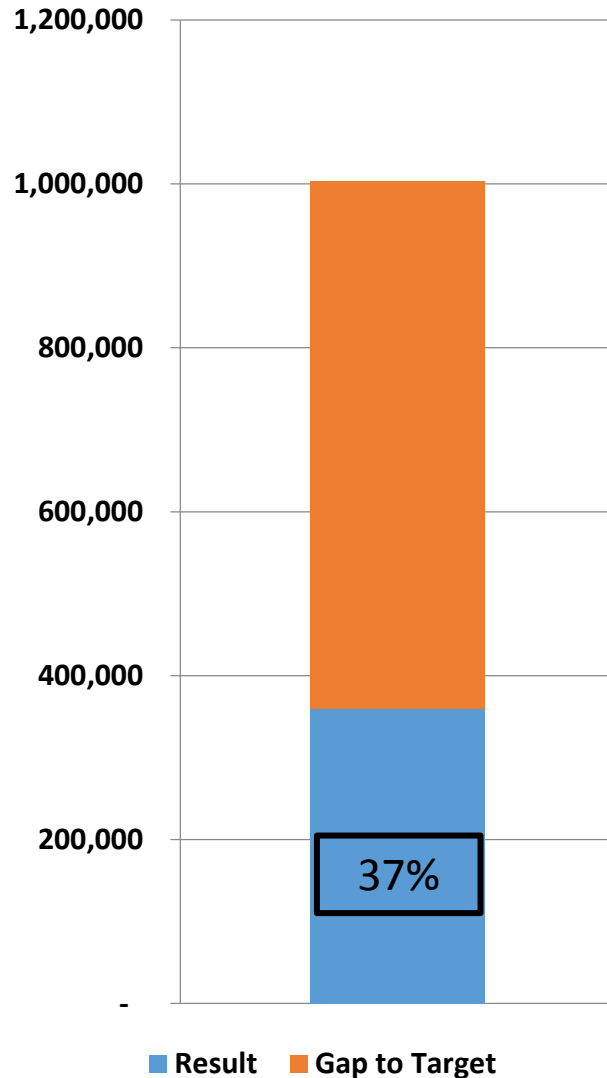
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TX-NEW: Q2-17

Saturation Districts

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Focus Districts (DREAMS): PLHIV Newly Initiated on Treatment (DATIM)



Ekurhuleni Best Practices 82% Linkage

- Community Outreach/Mass Media
- Gap analysis for each age band in each clinic
- Linkage and Retention targets for clinics and cadres
- Targeted HR investments and placements: Data Capturers; Linkage and Retention Officers
- Community-based treatment initiation
- Changing counseling messages for UTT
- Real time data – App for partners



COP 17: Toolbox to Increase Linkage and Retention

- **How**

1. **Intensified Partner Management**
2. **HR Development and Support**

- **Who:**

1. Men
2. AGYW
3. Pediatrics

- **What:**

1. Unique Patient Identifier
2. Tier.net Expansion
3. Maximizing Entry Points
4. **Moving Stable Patients out of Facilities**
5. GP Models
6. **Communication campaigns for TX_NEW**
7. Ideal Clinic Expansion
8. Community-Facility Linkage

Intensified Partner Management

- **Prioritization of districts by PLHIV burden and classification**
- **Real time reporting**
- **Facility performance review (deep dive analysis)**
 - Bottom 10, bottom 20
 - Mainly been done for HTC_POS and TX_NEW (including linkage)
 - Currently also looking at TX_RET, TX_VIRAL, TX_UNDETECT
- **Monthly Partner/district performance meetings**
 - Review of deep dive analysis
 - Overall bottle-neck analysis
 - Formulation of remediation plans/process
 - Clinic targets with age bands, linkage and retention
- **Interagency technical reviews**
- **Revision of partner assignments for districts with sub-optimal performance**

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eThekwini – Strategies to Improve Case Finding, Linkage and Retention (1/2)

Key issues	COP16 Interventions to be accelerated	New Interventions
1. Intensified Partners Management	<ul style="list-style-type: none"> Weekly phone calls with key focal person to discuss immediate challenges Monthly Performance meeting (conducted by both agencies with both DSPs) 	<ul style="list-style-type: none"> Geospatial mapping Performance meeting (conducted by together by both agencies with both DSP Partners) Weekly tracking of results
2. Low case finding from HTS entry point	<ul style="list-style-type: none"> Tracking and tracing known PLHIV not on ART PITC in all facilities and entry points including FP Index client testing Ensure 100% of DREAMS female clients 15-24 are tested and positive linked to Treatment 	<ul style="list-style-type: none"> Geospatial mapping (for case finding, poor linkage to care) Facility linkage officers (increase HR based on gap) Granular clinic and cadre targets
3. Maximizing Entry Points – Early ART initiation (TB and presumptive TB entry point and district hospital service delivery point)	<ul style="list-style-type: none"> Fast Track ART Initiation Counselling (FTICC) to ensure patient readiness Early ART initiation – within 3 days 	<ul style="list-style-type: none"> Expand community-based ART initiation based on successful model adopted in uMgungundlovu Same day ART initiation

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eThekwini – Strategies to Improve Case Finding, Linkage and Retention (2/2)

Key issues	COP16 Interventions to be accelerated	New Interventions
4. Improve Linkage to treatment	<ul style="list-style-type: none"> Intra and inter-facility linkage Community-facility linkage CBO contracting to support tracking and tracing of PLHIV and adherence clubs 	<ul style="list-style-type: none"> Rollout on unique ID (>90% coverage) Linkage officers to coordinate community-facility linkages Community engagement through clinic committees
5. GP Models	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Identify 12 – 20 GPs to initiate 12,000 – 15,000 TX_NEW 10% TX_NEW 10% TX_CURR decanted
5. Mass Media Campaign	<ul style="list-style-type: none"> <i>“Better Off Knowing”</i> social mobilization & media campaign to promote HIV and TB testing, treatment initiation and adherence 	<ul style="list-style-type: none"> National Media Campaign – June 2017



HRH Deep Dive

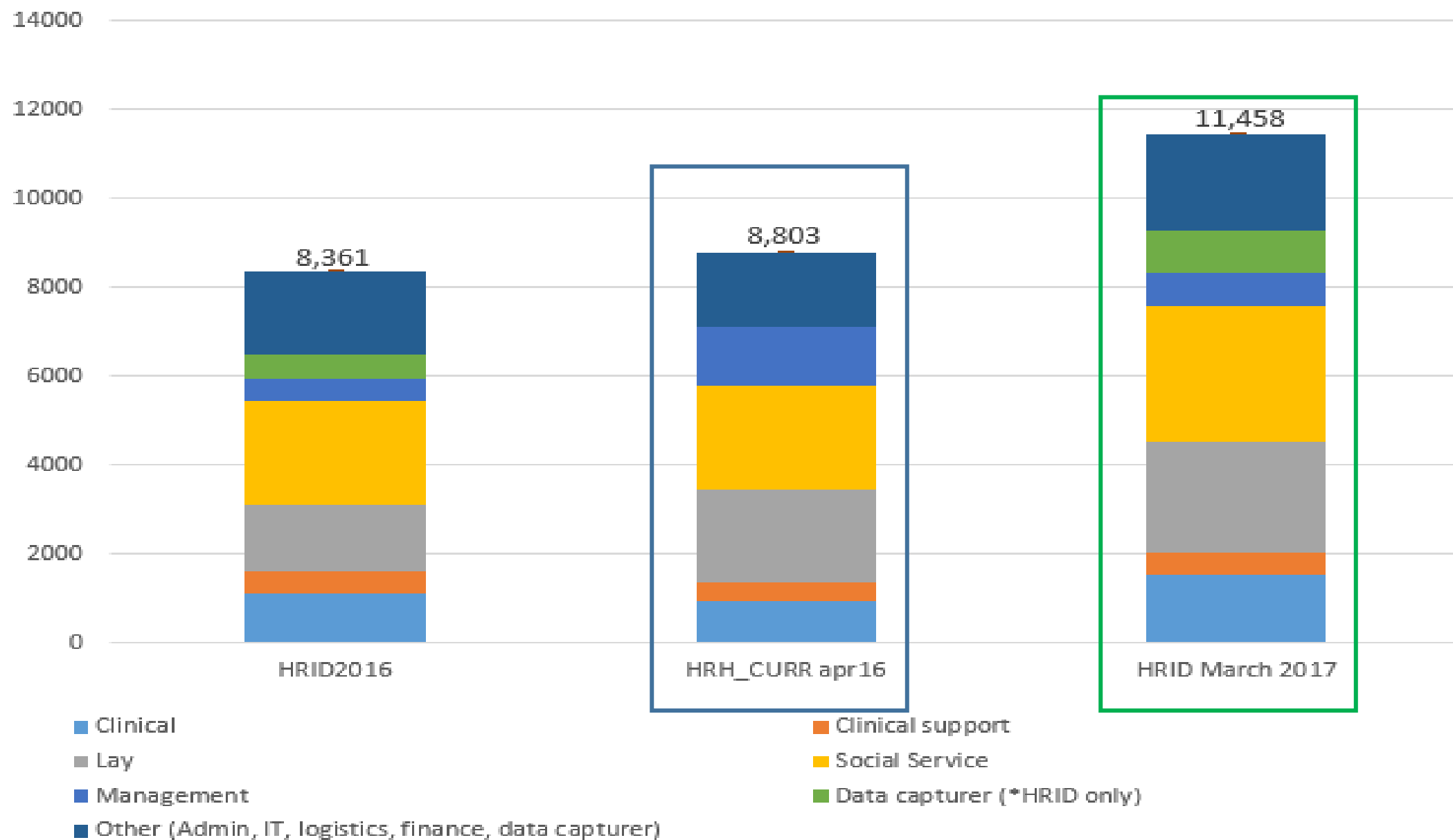
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Models of Support for Treatment and Retention

	Roving team support (part-time assistance)	Surge model (fix-and-go)	Secondments (full-time staff placement)
Context	<ul style="list-style-type: none"> Provide longer term direct service part time across 2 to 10 facilities 	<ul style="list-style-type: none"> Address acute problems through intensified efforts Only used for specific issues (e.g. data backlog) 	<ul style="list-style-type: none"> Respond to urgent need to fill HRH gap Staff embedded at a single facility
Activity	<ul style="list-style-type: none"> Capacitate DoH staff while contributing significantly toward targets 	<ul style="list-style-type: none"> Assess systems issues contributing to identified bottleneck Monitor site for sustained improvement 	<ul style="list-style-type: none"> Contribute daily to achieving facility's targets
Team Composition	<ul style="list-style-type: none"> Nurse and data capturer but may also include pharmacist and/or counselor; 	<ul style="list-style-type: none"> Nurse, data capturer, counselor, pharmacist, lab advisor 	<ul style="list-style-type: none"> May include nurse prescriber, data capturer, patient navigator
Time Frame	<ul style="list-style-type: none"> 6-18 month 	<ul style="list-style-type: none"> 3 to 6 week 	<ul style="list-style-type: none"> 12 month contract with no commitment to be retained.

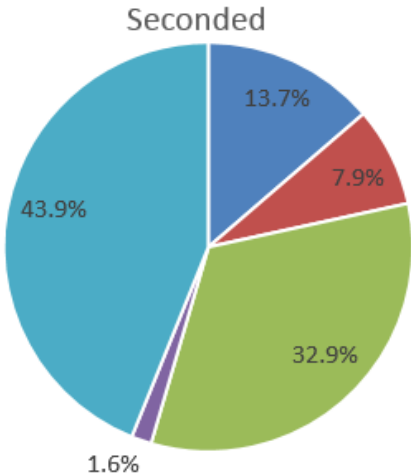
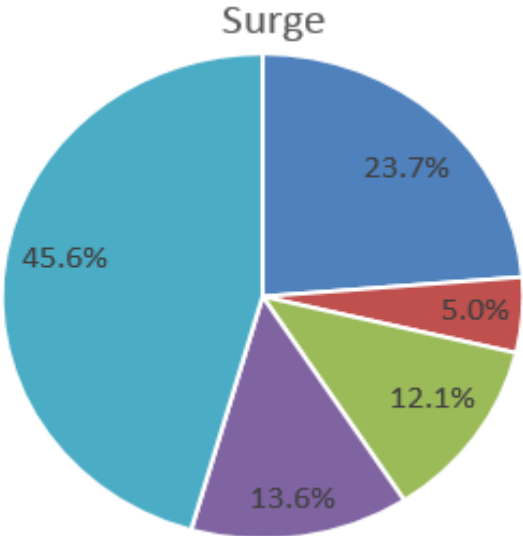
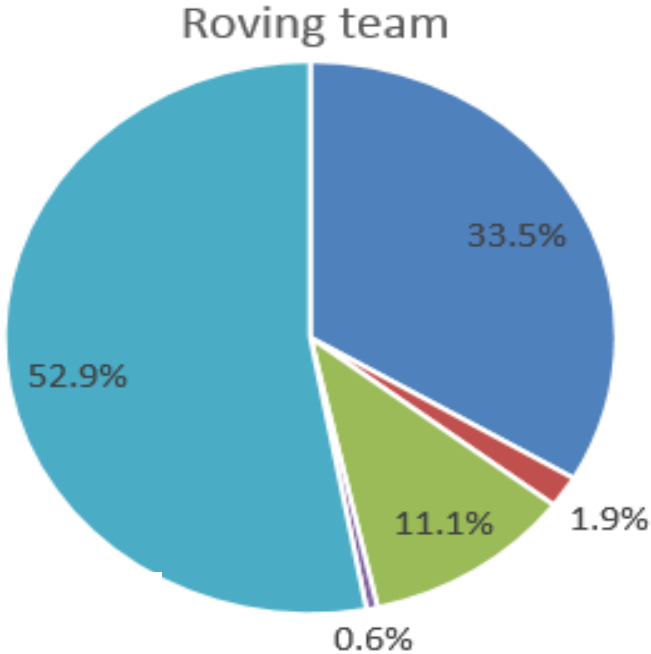
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Total PEPFAR-supported FTEs over time by Cadre category

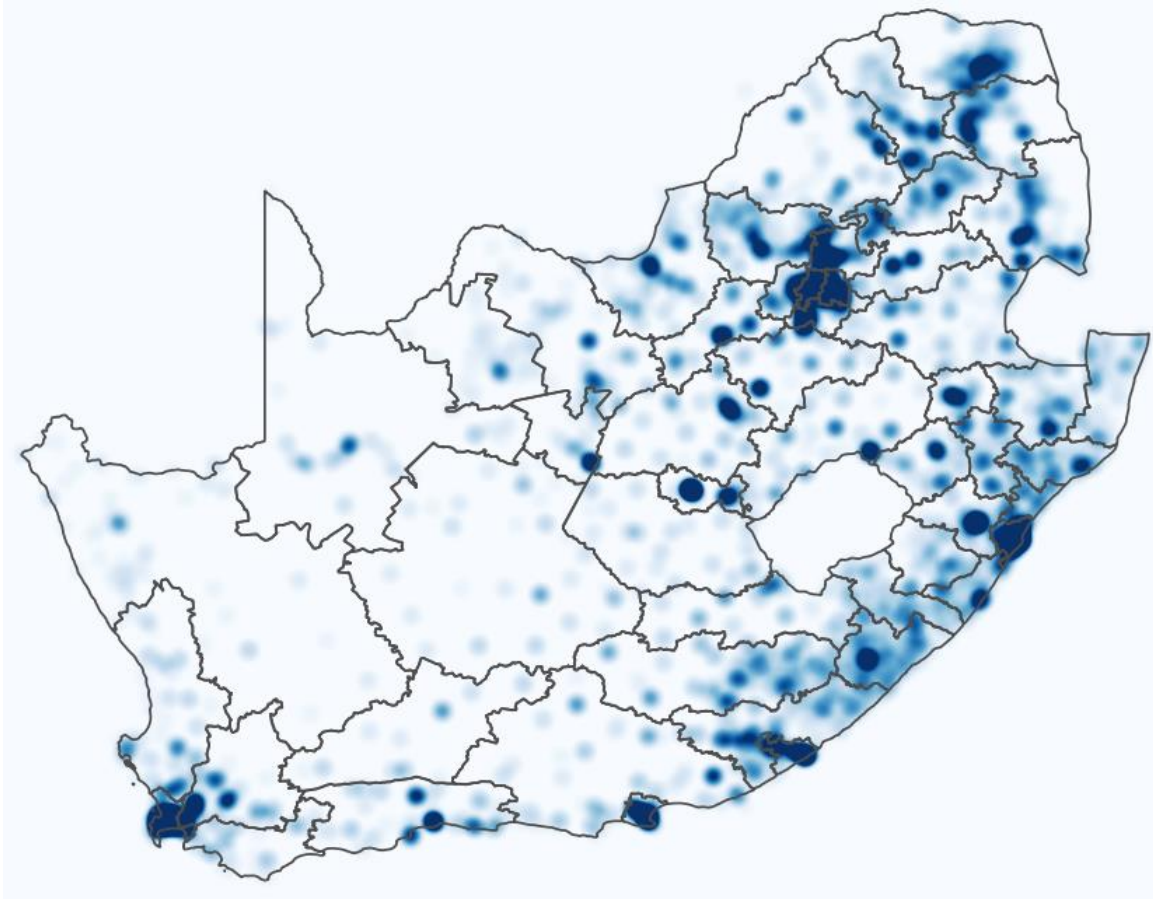


Composition of Three Service Delivery Models

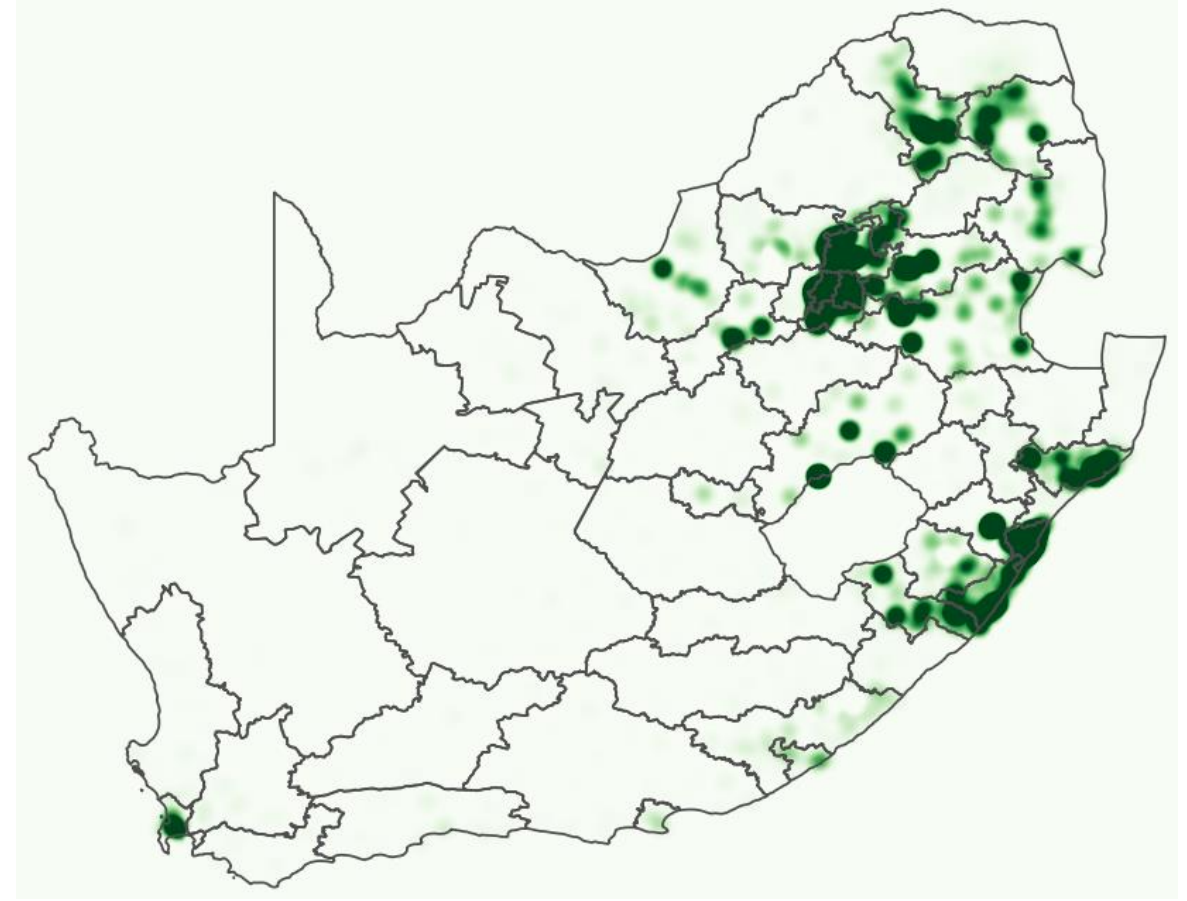
Staff Type	Roving	Surge	Seconded
Clinical	942	355	94
Clinical Support	52	75	54
Data Capturer	313	181	226
Management	17	203	11
Lay	1489	682	301
Total	2813	1496	686



■ Clinical ■ Clinical Support ■ Data Capturer ■ Management ■ Lay

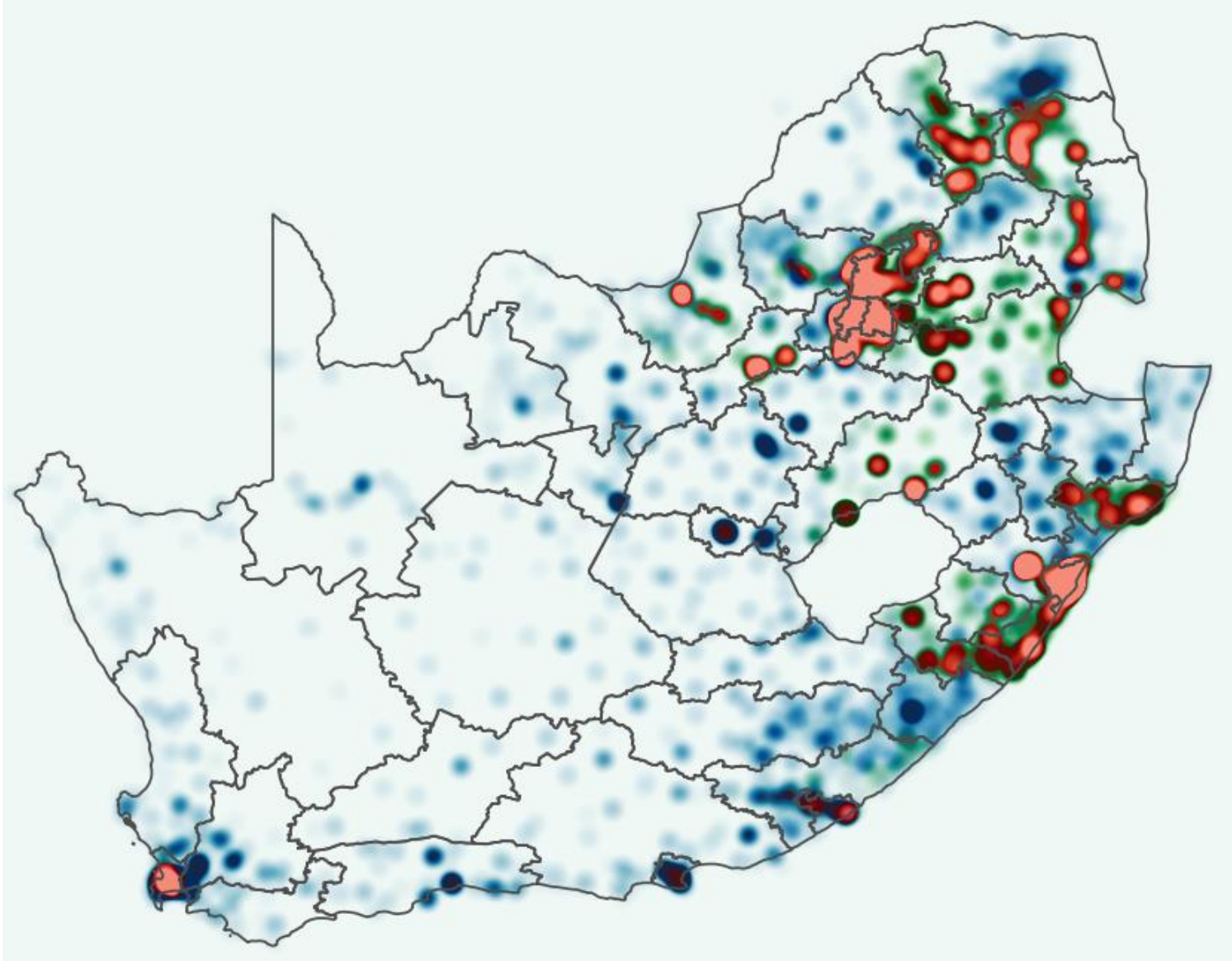


Heat map of **clinical cadre PEPFAR-supported FTEs** associated with a PEPFAR site in FY2017 (Oct 2016 to present). Total clinical FTE: 1513

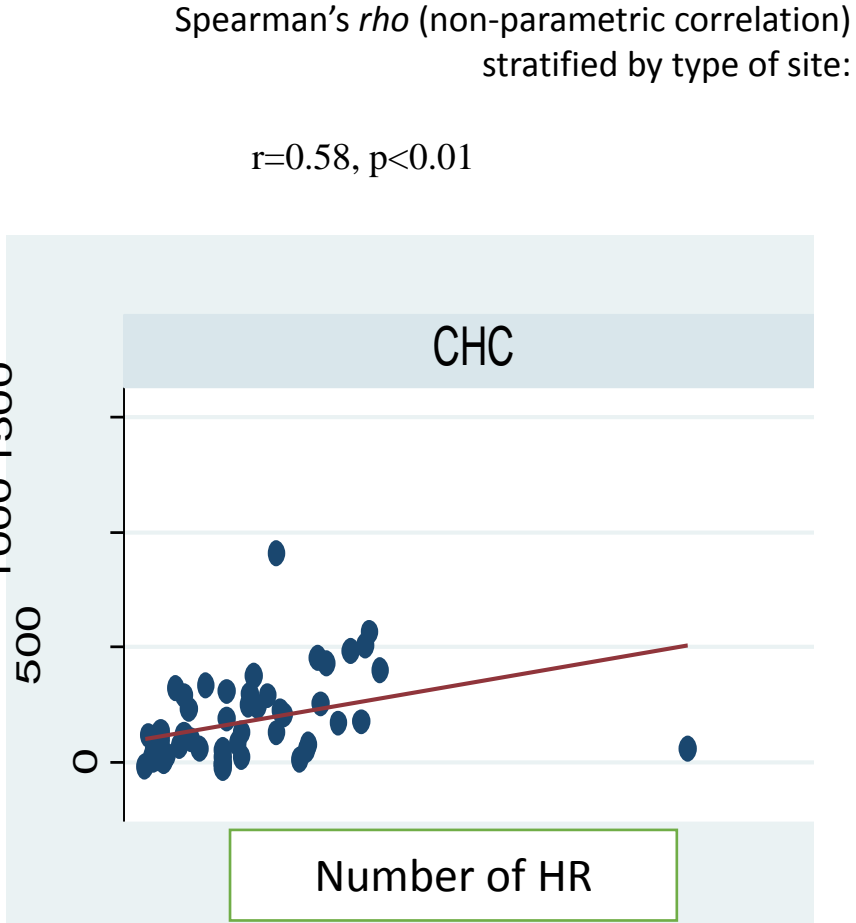


Heat map of **increase in TX_NEW** at PEPFAR sites
Average FY2017 performance to-date, Oct 1 – Jan 31
vs. Average FY2016 performance (entire FY)

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Heat map overlay: PEPFAR-supported clinical HRH (blue) over increase in TX_NEW (green) at PEPFAR sites *orange = greatest overlap



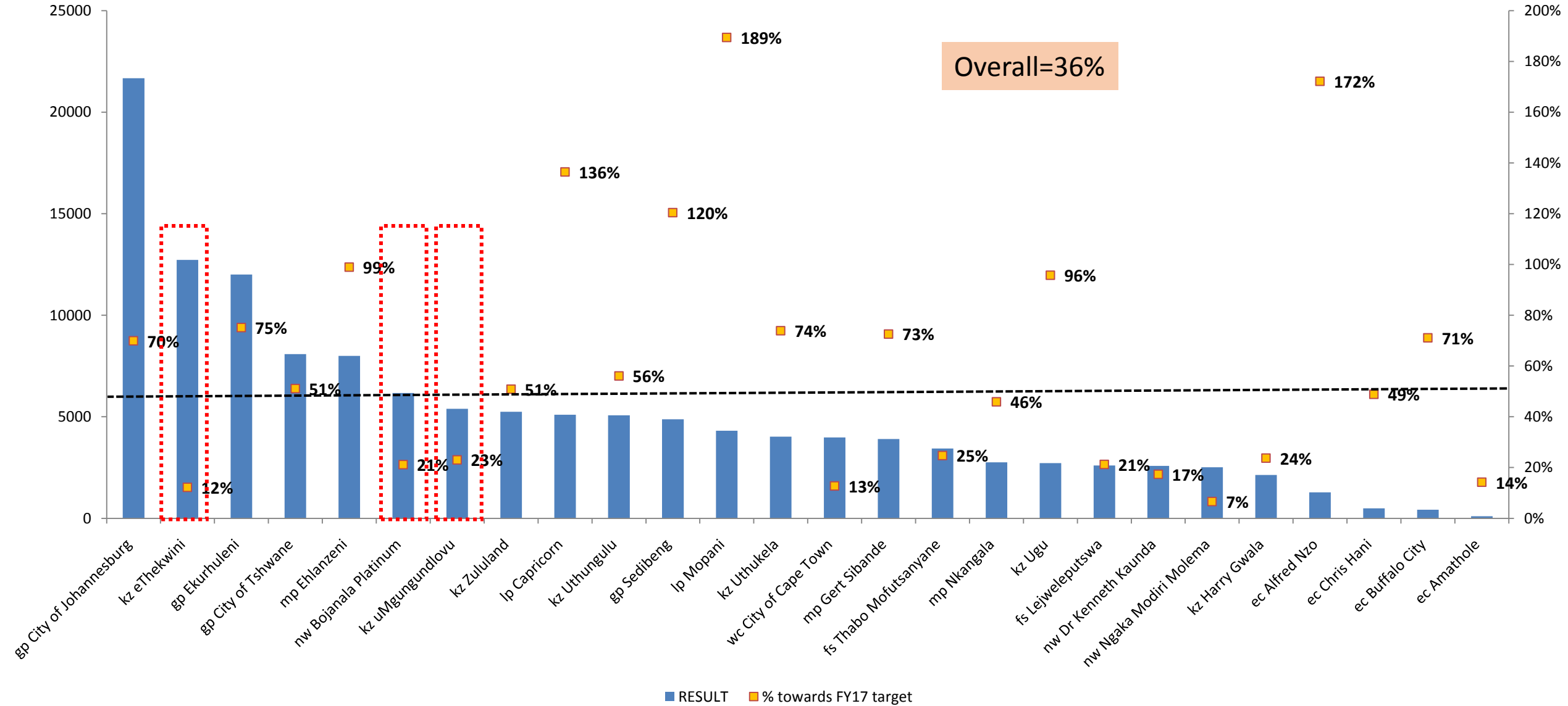
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Program Deep Dive Summary: Voluntary Medical Male Circumcision (VMMC)

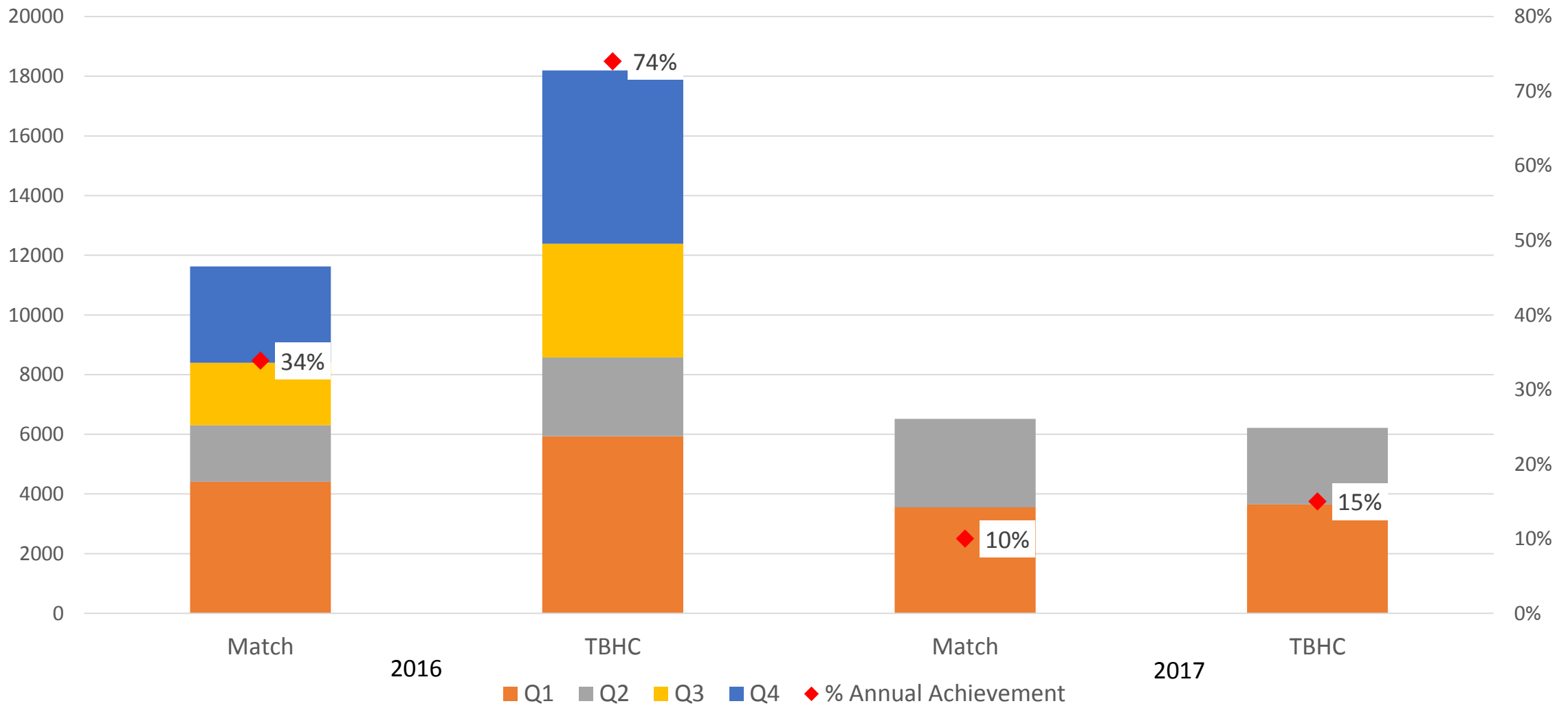
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PEPFAR VMMC_CIRC FY17 SAPR Results and % of target achieved



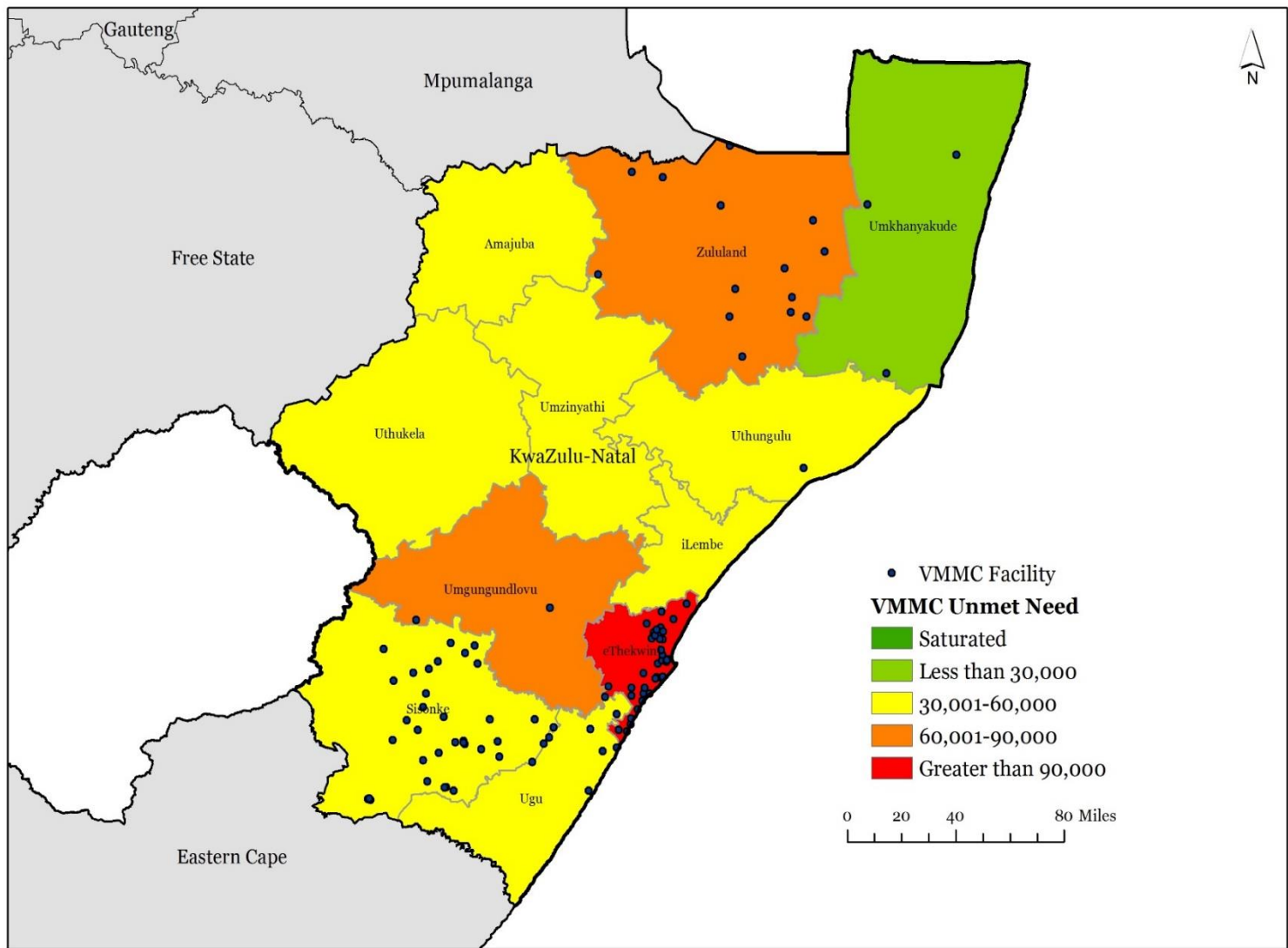
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VMMC Partner Performance—Ethekekwini, 2016 & 2017



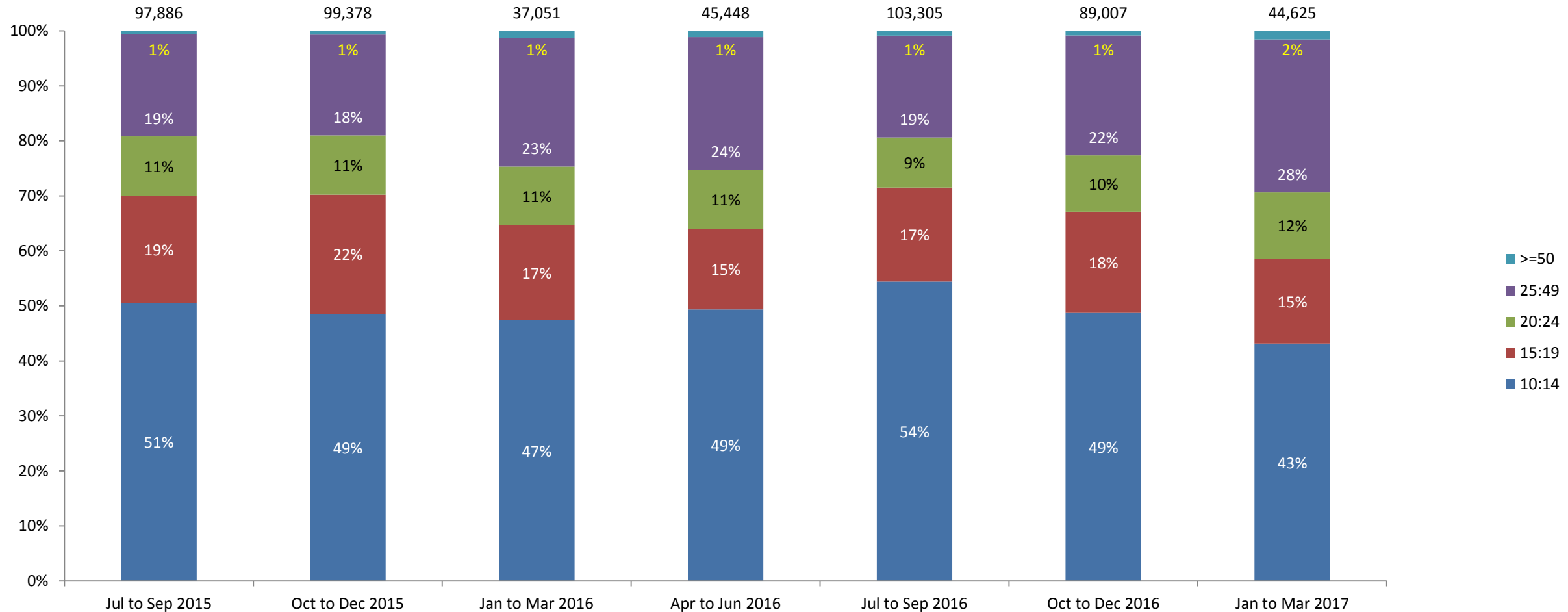
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VMMC Facilities and Unmet Need by District, KwaZulu-Natal



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PEPFAR VMMC performance by age (July 15 - Mar 17)



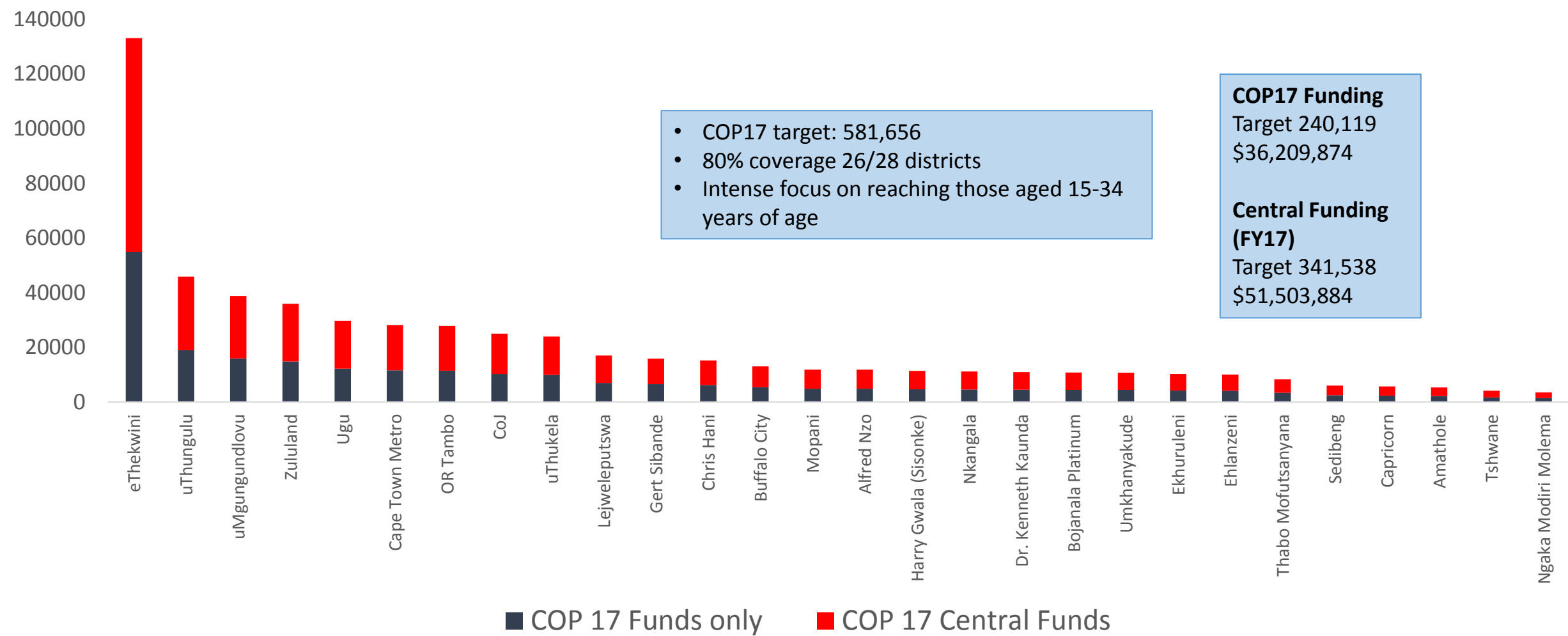
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Strategy for Achieving Targets in EThekwin

Demand Creation	Service Delivery
<ul style="list-style-type: none"> Work with male dominated industries (fisheries, ports, transportation etc.) leveraging Gates Foundation's business expertise Leverage local leadership for VMMC buy-in: Zulu Prince Use Zulu celebrities as VMMC ambassadors 	<ul style="list-style-type: none"> Increase use and efficiencies of mobile clinics Deploy roving teams to fixed sites in line with site utilization Better programming of resources through site utilization tool Build upon implementation science to expand targeted services for older men Replicating successful interventions to increase follow-up rates
Partner Management	Strategic Shifts
<ul style="list-style-type: none"> Low performing partner discontinued from providing services in KZN, replaced with highest performing partner Expanding services through the utilization of high performing partners (RTC, SACTWU & JHPIEGO) Develop weekly site level targets Increased adverse event monitoring through careful partner management 	<ul style="list-style-type: none"> Enhanced utilization of HTS platforms to recruit MMC clients Traditional leadership engagement in demand creation Increase linkage between PP_PREV based community dialogues and VMMC services Expand Imbizos (leverage on experience from GP) with VMMC ambassadors with education tailored towards men 15-34 Explore self-testing to address perceived barrier to VMMC

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COP 17 Submission, Mar 2017: Number of VMHCs required to reach 80% MC coverage among males ages 15–34



Updates to COP17 VMMC Central Initiative Funding Plan

- Reviewed expected achievement
- Revised COP17 + Central Initiative Target: 328,325
- Reduced Central Initiative Funding from \$51,503,884 to: \$28,803,585
 - Carry Over COP 2015: 61,452 (\$8,748,306.72)
- COP 2016: 426, 330 (\$60,692,339)
- Total: 487,782 (\$69,440,646)



COP17 Budget

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COP16 vs COP17

PEPFAR Budget Code	Budget Code Description	COP 2016	COP 2017
CIRC	Male Circumcision	\$60,999,267	\$87,328,816
HBHC	Adult Care and Support	\$44,970,852	\$47,903,572
HKID	Orphans and Vulnerable Children	\$31,932,333	\$37,304,551
HLAB	Lab	\$4,025,552	\$4,330,889
HTXS	Adult Treatment	\$119,678,235	\$149,301,358
HTXD	ARV Drugs	\$0	\$906,213
HVCT	Counseling and Testing	\$35,113,478	\$35,691,717
HVMS	Management & Operations	\$32,356,155	\$32,594,196
HVOP	Other Sexual Prevention	\$18,541,579	\$29,835,205
HVSI	Strategic Information	\$8,799,546	\$10,178,556
HVTB	TB/HIV Care	\$29,478,047	\$34,493,642
IDUP	Injecting and Non-Injecting Drug Use	\$68,588	\$70,000
MTCT	Mother to Child Transmission	\$18,262,365	\$17,003,823
OHSS	Health Systems Strengthening	\$17,790,070	\$25,906,624
PDCS	Pediatric Care and Support	\$8,983,274	\$8,090,431
PDTX	Pediatric Treatment	\$8,178,161	\$8,472,757
HMBL	Blood Safety	\$0	\$0
HMIN	Injection Safety	\$0	\$0
HVAB	Abstinence/Be Faithful	\$4,050,551	\$5,414,914
TOTAL		\$443,228,053	\$534,827,265

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COP17 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
HHS/CDC	\$234,060,231	\$8,828,626	\$242,888,857
USAID	\$264,094,431	\$16,820,321	\$280,914,752
DOD	\$0	\$399,737	\$399,737
State	\$3,832,362	\$1,517,647	\$5,350,009
PC	\$200,000	\$2,175,000	\$2,375,000
HHS/HRSA	\$2,898,910	\$0	\$2,898,910
Total	\$505,085,934	\$29,741,331	\$534,827,265

- COP17 Minimum Pipeline Requirement: \$29,741,331

Earmark Allocations – all requirements exceeded

- New FY 2017 funds allocated to care and treatment: \$233,203,952
 - COP17 requirement: \$225,798,980
- New FY 2017 funds allocated to OVC: \$37,213,069
 - COP17 requirement: \$26,410,483
- New FY 2017 funds allocated to water: \$1,590,000
 - COP17 requirement: \$1,500,000
- New FY 2017 funds allocated to GBV: \$4,752,522
 - COP17 requirement: \$4,190,000



Thank you
Q&A

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